

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/596948

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7						
8						
9						
10				1		
11				1		
12				1		
13				1		
14				1		
15				1		
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
24				1		
25				1		
26				1		
27	1			1		
28				1		
29				1		
30				1		
31				1		
32			1			
33			1			
34		4				
35	1			1		
36		1		1		
37		1				
38		1				
39		1				
40		1				
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5	↓	5	↓87		↓
TOTAL DEP.	35	←1	31	←1	←1	
TOTAL CLAIMS	40		36			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.			←1		←1	
TOTAL CLAIMS			↓87		↓87	